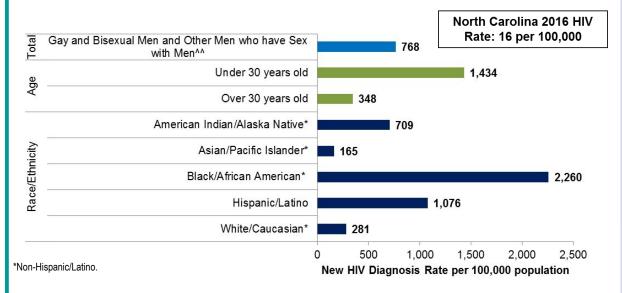
## Health Equity and HIV in North Carolina, 2016: Gay, bisexual, and other men who have sex with men



Young gay, bisexual, and other men who report sex with men (MSM) of color have the highest estimated rates of HIV in North Carolina.

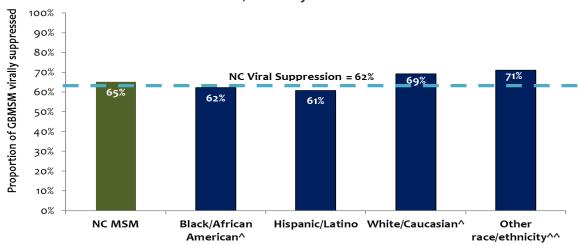
Rates of HIV among gay, bisexual, and other men who report sex with men (MSM) based on estimated population in North Carolina.



HIV diagnosis rates are much higher among young MSM of color than among other North Carolina residents. Once in care, the disparity in care outcomes is much smaller.

#### Most people living with HIV in North Carolina are virally suppressed.

Viral Suppression in North Carolina and among Gay, Bisexual, and Other MSM by Race/Ethnicity in 2016



\*Other includes American Indian/Alaska Native, Asian/Pacific Islander, and Multiple Race.

Successful treatment leads to viral suppression; once suppressed, HIV cannot be transmitted to others. Due to strong public health partnerships, North Carolina is on track to meet and exceed the National HIV/AIDS Strategy viral suppression goal. The figure above shows that among MSM in care, there is no significant difference in viral suppression.

### Want More Information?

Centers for Disease Control and Prevention (CDC) Information on Health Disparities in HIV https://www.cdc.gov/ nchhstp/healthdisparities/

National Alliance of State and Territorial AIDS Directors (NASTAD) HIV Prevention and Health Equity

https://www.nastad.org/domestic/hiv-prevention-health-equity

National HIV/AIDS Strategy (NHAS) for the US 2020 Goals: https://www.hiv.gov/ federal-response/ national-hiv-aidsstrategy/nhas-update

Estimated rates based on Grey et al., JMIR Public Health Surveill; 2 (1) e14.https:// publichealth.jmir.org/2016/1 /e14/

#### **Contact Us**

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Created by the HIV/STD/ Hepatitis Surveillance Unit, Communicable Disease Branch 11/27/2017

## Health Equity and HIV in North Carolina, 2016: Gay, bisexual, and other men who have sex with men

#### What is North Carolina doing about health disparities?

In 2012, North Carolina was awarded one of only eight Care and Prevention in the United States (CAPUS) projects. The purpose of this project was to reduce disparities in HIV infection and health outcomes. CAPUS set out to accomplish this by increasing statewide HIV testing capacity and optimizing linkage, retention, and re-engagement into care and prevention services for people of color and sexual minorities who are living with HIV.

Three programs developed by the North Carolina CAPUS team specifically address health disparities and promote health equity in North Carolina.

- 1. Culturally Competent Care (C<sub>3</sub>): trainings developed for and provided to HIV providers to help combat the discrimination and stigma HIV-positive individuals of color may face in healthcare and social service settings. This training is required for all state funded HIV providers and available to local health departments and community partners across the state.
- 2. Safe Spaces: curriculum-based support groups designed for HIV-positive men and women of color as a safe, judgement free place to learn more about HIV care and prevention, build social support systems, achieve viral suppression and how to advocate for their own health. Safe Space sites are located across the state.
- 3. Health Equity Clinics: designed for everyone to receive well check-ups, HIV/STD testing, and access to comprehensive treatment for individuals diagnosed with HIV. These clinics are now open to all HIV-positive individuals. Clinics are located in Raleigh and Durham.



While the grant ended in the summer of 2016, North Carolina created a new program called North Carolina CAPUS (Community, Awareness, Purpose, Unity, and Service) Health Equity. It will carry on the original three CAPUS interventions, focusing on:

- Engaging the community by hosting support groups to better understand the needs and wants of those living with HIV;
- Raising awareness and provide education among providers and the public about HIV;
- Ensuring the design and implementation of programs and interventions are purposeful and meet the needs of the community;
- Unifying internal and external partnerships by integrating Health Equity into HIV care and prevention programs; and
- Providing services to and with community members.



North Carolina Office of Minority Health and Health Disparities http://

www.ncminorityhealth.org/

CAPUS Health Equity and Culturally Competent Care (C<sub>3</sub>) Trainings Information Contact:

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